

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State: <div> <div>Medicaid & CHIP</div> <div>Hawaii</div> </div>								
Section A. Verification Procedures for Factors of Eligibility								
Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self-Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Income*	NO	YES	YES	<p>Both are above, at or below the applicable income standard.</p> <p>Percent Threshold</p>	10%	YES	YES	<p>Hawaii decided to not use IRS data at the time of application because the data is old and the security requirements are too onerous. Instead, it will accept self attestation at the time of application and verify income from SWICA , SSA, and UI within 90 days of the application. At the time of verification, the State will apply the reasonable compatibility standard. If there are discrepancies (verification above the income threshold and applicant reporting below the threshold) that exceed the 10%, the State will ask for a reasonable explanation or paper documentation. Refer to the Inconsistency Process powerpoint file.</p> <p>If the individual attests to income below the applicable income standard and data sources indicate income above the applicable standard, but the difference between the two is 10% or less, the information is considered reasonably compatible. If attested income is above the applicable income standard, applicant would be ineligible for Medicaid and sent in a file to the Hawaii Health Connector (Hawaii's HIX) to be screened for APTC. If there is no data source available for any types of income, then state will accept the self-attestation.</p>

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self-Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Residency	YES	NO	NO	N/A	N/A	NO	NO	
Age (Date of Birth)	NO	NO	YES	N/A	N/A	YES	YES	If there is an inconsistency with the electronic data source that effects eligibility, Reasonable Explanation/Paper Documentation is required.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	If not verified, request explanation or paper documentation.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	If not verified, use inconsistency process (see additional comments)
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	If not verified, use inconsistency process (see additional comments)
Household Composition	YES	NO	NO	N/A	N/A	YES	NO	
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO	NO	N/A	N/A	YES	NO	
Medicare	NO	NO	YES	N/A	N/A	YES	YES	If electronic data source indicates that recipient has Medicare, but applicant does not indicate Medicare, request additional information from individual.
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	
Other: (Please describe any other eligibility factors in the space below)								
Incarceration status	NO	NO	YES	N/A	N/A	YES	NO	If attestation is different from the hub, reasonable explanation is requested. If HI verifies that the individual is incarcerated, the individual would be suspended from Medicaid.

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self-Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Other insurance coverage	NO	NO	YES	N/A	N/A	YES	YES	If CHIP eligible and applicant indicates no TPL, but TPL is identified through electronic sources, then state requests reasonable explanation and/or paper documentation. HI is using multiple data sources prior to reaching out to the individual. This is CHIP Specific.
<p>* States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).</p> <p>** States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.</p> <p>*** States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.</p>								

MAGI-BASED ELIGIBILITY VERIFICATION PLAN												
(Insert Medicaid, CHIP, or Both)		Medicaid & CHIP										
State:		Hawaii										
Section B1. Use of Electronic Data Sources												
Financial:												
Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	NO	NO	NO	YES	YES	NO	NO	NO	NO	NO		The state decided not to use IRS data because the data is old and the security requirements are too onerous.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	Monthly	Using the current state to SSA data feed, data is checked on a monthly basis to verify self-reported income.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	Quarterly	SWICA data is checked on a quarterly basis to verify self-reported income.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	Quarterly	State Unemployment Compensation data is checked on a quarterly basis to verify self-reported income.
5. State Administered Supplementary Payment Program	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO		Electronic file match currently not in existence.
6. State General Assistance Programs	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO		Electronic file match currently not in existence.
7. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO		Electronic file match currently not in existence.

Electronic Data Source	Determined Useful (Y/N) ¹	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
8. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO		Electronic file match currently not in existence.
9. Office of Child Support Enforcement (OCSE)	YES	YES	NO	YES	YES	NO	NO	NO	NO	YES	Monthly	
10. State Income Tax	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO		Electronic file match currently not in existence.
11. Commercial database: (Please describe any commercial databases in the space below)												
TALX/The Work Number	NO	NO	YES	YES	NO	NO	YES	NO	NO	NO		Hawaii will not be using this service October 1, 2013, but will consider utilizing in the future.
12. Other: (Please describe any additional electronic data sources in the space below)												
1. The state marked any criterion YES if it was considered as a reason the data source was determined useful/not useful.												

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Hawaii Section B2. Use of Electronic Data Sources Non-Financial:																	
Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1. Social Security Administration (SSA)	YES	YES	YES	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES	NO	YES	Other (specify in comments)	For Medicare information post- enrollment checks / matches are made with SSA to identify changes in circumstance(s) as needed.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Only used at renewal for statuses that are subject to change.
3. Vital Statistics	YES	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	Planned implementation for March 2014. Will include - date of death, date of birth (not required for newborns born to Medicaid mothers). Will be used as a backup for citizenship verification in March 2014.
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not available
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not available

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
6. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not available
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Monthly	For medical support identification
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not available
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not available
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Not available
11. Commercial database: <i>(Please describe any commercial databases in the space below)</i>																	
Third party coverage	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	Quarterly	Effective from 1/1/14 to identify other commercial health insurance coverage. This is CHIP specific at application, renewal and post-enrollment. For Medicaid, third party coverage does not affect eligibility so checks are done post-enrollment.

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
13. Other: (Please describe additional electronic data sources in the space provided below)																	
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	To identify other coverage
State workers compensation	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	To identify other insurance coverage.
Dept. of Defense Enrollment Eligibility Reporting (DEERS)	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Annually	To identify other insurance coverage. If not available through Federal Hub
State Department of Public Safety	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	Other (specify in comments)	Daily interface from 3/2014 for incarceration status to check for any change or updates.
Hawaii Youth Correctional Facility	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	Other (specify in comments)	Daily interface from 3/2014 for incarceration status to check for any changes or updates.
* Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section D.																	

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: Hawaii						
Section C . Additional Factors of Eligibility for Separate CHIP						
Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) <i>If Yes, please describe in comments</i>	Paper Documentation Required from the Individual (Y/N)	Non-Applicable (N/A)	Comments
1. Applicant does not have other coverage	NO	NO	YES	YES	Must be Applied	Refer to information that is captured in Section B2 and Section A for CHIP details.
2. Applicant does not have access to affordable ESI	NO	NO	YES	YES		Refer to information that is captured in Section B2 and Section A for CHIP details.
3. When child has had coverage (as applicable to states' waiting period)					N/A	
4. Access to public employee coverage					N/A	
5a. Waiting period exception #1 (describe):					N/A	
5b. Waiting period exception #2 (describe):					N/A	
5c. Waiting period exception #3 (describe):					N/A	
5d. Waiting period exception #4 (describe):					N/A	
5e. Waiting period exception #5 (describe):					N/A	

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) <i>If Yes, please describe in comments</i>	Paper Documentation Required from the Individual (Y/N)	Non-Applicable (N/A)	Comments
5f. Waiting period exception #6 (describe):					N/A	
5g. Waiting period exception #7 (describe):					N/A	
5h. Waiting period exception #8 (describe):					N/A	
5i. Waiting period exception #9 (describe):					N/A	
5j. Waiting period exception #10 (describe):					N/A	
6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i>						

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:		Medicaid & CHIP Hawaii
Section D. Additional Verification Questions		
	Question	Response
1	If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):	<p>State utilizes electronic data sources and/or self attestation for all eligibility factors, prior to requesting reasonable explanation and/or paper documentation. State will only require paper documentation when electronic sources are not available or information is not reasonably compatible.</p> <p>In many cases when there is an inconsistency, reasonable explanation is sought before requesting paper documentation.</p> <p>Planning implementation for 2014 to use vital statistics as a back-up source to verify citizenship.</p>
2	Please describe how the state uses PARIS?	A Quarterly PARIS file is received and matched against all active cases. From there, three files (interstate match, federal match and VA match) are created. A notice is sent to the recipient to confirm or provide additional information on the match. Eligibility workers track the response and take appropriate action.
3	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).	NO

	Question	Response
	<p>If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:</p> <ol style="list-style-type: none"> 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs. 	
4	<p>Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.</p>	NO
	<p>If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:</p> <ol style="list-style-type: none"> 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs. 	
5	<p>Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):</p>	

Section A. Additional Comments
The file named "Inconsistency process.ppt" describes the time frames for individuals to submit requested documentation when there is an inconsistency with a verification source. Hawaii will comply with Sections 435.406, 435.407 435.956, 457.320 and 457.380 of the January 2013 proposed rule which outlines a new set of parameters that states must follow when data is not available from the hub or there is an inconsistency with the data match.
Section B1. Additional Comments
Section B2. Additional Comments
Section C. Additional Comments